

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590245

FILING DATE

AUG 22 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/	/			
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
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36		/				
37		/	/			
38		/				
39		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50	/		/			
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	47	←	18	←		←
TOTAL CLAIMS	50		21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55	/		/			
56		/		/		
57		/		/		
58	/		/			
59		/	/			
60		/				
61		/				
62		/				
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87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	6	↓	7	↓		↓
TOTAL DEP.	29	←	8	←		←
TOTAL CLAIMS	35		15			